MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4932

# CERTIFICATE OF DEATH

04903

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland - COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Risdon (Middle) (Last) Bishop.

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1897-Oct. 7
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months ~~Days~~ X IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Roads
10b. KIND OF BUSINESS OR INDUSTRY: Machine operator
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME: Risdon Bishop.
14. MOTHER'S MAIDEN NAME: Nan Draper.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-03-3687 Yes —
17. INFORMANT & ADDRESS: Mr Asbury Bartlett Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X

Immediate cause (a) Uremia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Glomerulonephritis.
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1954, to 5/3, 1954, that I last saw the deceased alive on 5/3, 1954, and that death occurred at 11.15 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. A. Schmidt M.R. ADDRESS Easton Memorial Hosp. DATE SIGNED 11 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/6/54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR 5/4/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1954
BUREAU V. S.

4951

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

05885

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford. MARYLAND. LENGTH OF STAY (In this place) visiting. HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Maryland. STREET ADDRESS (If rural, give location) 3401-4

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) L. (Last) Bredell

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single

8. DATE OF BIRTH: 6-27-36

9. AGE last birthday: 17 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Student~~ School boy

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Bredell

14. MOTHER'S MAIDEN NAME: Grace Thom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None.

17. INFORMANT AND ADDRESS: Henry Stevenson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9248

Immediate cause (a) Accidental Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Island back of Oxford (CITY OR TOWN) (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) 5 (Day) 30 (Year) 54 (Hour) 6 P.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Louis Mutty M.D. DME ADDRESS Easton Md DATE SIGNED 5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 1, 1954 NAME OF CEMETERY OR CREMATORY Oxford Cemetery LOCATION (City, town, or county) Oxford, Talbot (State) Md

DATE REC'D BY LOCAL REG. 6/1/54 REGISTRAR'S SIGNATURE M. H. Newnam

24. FUNERAL DIRECTOR Maurice F. Newnam Son ADDRESS Easton, Md.

VS. A15A

RECEIVED
JUN 9 1954
BUREAU V. S.

4933 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05886

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 7 Days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston Ridgely RD #1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Chas (Middle) (Last) Brown.

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 19 54.

5. SEX: Male. 6. COLOR OR RACE: Col 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: July 5, 1869 9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): 10b. KIND OF BUSINESS OR INDUSTRY: Laborer 11. BIRTHPLACE (State or foreign country): Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Brown 14. MOTHER'S MAIDEN NAME: Catherine Baker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: Unknown 17. INFORMANT & ADDRESS: Elizabeth Brown (wife) Ridgely Md. RD #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 12 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis, Senility ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1954, to 5/29, 1954, that I last saw the deceased alive on 5/29, 1954, and that death occurred at 11.05 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED 6/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/1/54 NAME OF CEMETERY OR CREMATORY Deerton LOCATION (City, town, or county) Deerton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/30/54 REGISTRAR'S SIGNATURE M.H. Reeves 24. FUNERAL DIRECTOR James B. Dashiell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4934 **CERTIFICATE OF DEATH** 04904

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 7 days
HOSPITAL ~~OR INSTITUTION OR STREET ADDRESS~~ Memorial 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Austin (Middle) S. (Last) Burrows
4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify):
8. DATE OF BIRTH: Sept 20, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Metal Worker
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. William H. Burrows
14. MOTHER'S MAIDEN NAME: Georgia Stoker
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Louise Murray - St. Michaels, Md (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Myocardial Infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Occlusion

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1954, to 5/20, 1954, that I last saw the deceased alive on 5/20, 1954, and that death occurred at 11 05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Schmidt M.D. ADDRESS Easton Memorial Hosp. DATE SIGNED 27 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/24/54
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md
DATE REC'D BY LOCAL REGISTRAR 5/21/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR S. Hambleton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04905

4935 **CERTIFICATE OF DEATH**

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 2 hrs-20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Callahan

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug 16 1887
9. AGE last birthday: 66 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John DeFord
14. MOTHER'S MAIDEN NAME: Jessie Legg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mr Herman Callahan (Son) Ridgely Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset And Death 4 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Mild Hypertension — —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1954, to May 2, 1954, that I last saw the deceased alive on May 2, 1954, and that death occurred at 6:10 AM, from the causes and on the date stated above.
SIGNATURE Charles H Winnock, Md (Degree or title) ADDRESS Ridgely, Md DATE SIGNED May 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5/4/54 NAME OF CEMETERY OR CREMATORY Trumpmount LOCATION (City, town, or county) Hillsboro (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/3/54 REGISTRAR'S SIGNATURE N. H. Norris
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1954
BUREAU V. S.

Film#G166 Item# 13
5/20/54 emf

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04906

4936

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 8yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS West St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location) West St.,

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Alice | Matilda | Clague | May | 6 | 1954 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | white | widow | Mar. 21, 1870 | 84 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Secretary, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown Twilley
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Earl Clague Easton, Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
Immediate cause (a) Generalized Arterio-Sclerosis — Interval Between Onset and Death: Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1953, to May 6, 1954, that I last saw the deceased alive on May 6, 1954, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Donald G. Bartley M.D. 9 N. Hanson St. Easton, Md. 5-6-54

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| burial | 5-8-54 | Spring Hill Cemetery | Easton, Talbot, Md. |

DATE REC'D BY LOCAL REG. 5/7/54
REGISTRAR'S SIGNATURE H. H. Nevins
24. FUNERAL DIRECTOR ADDRESS: Maurice E. Newnam & Son Easton, Md.

RECEIVED
MAY 18 19..4
BUREAU V. S.

Item 11 Film G 166
6/1/54 cm

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04907

# 4937 CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 21 Port St.

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Davidson.

4. DATE OF DEATH: (Month) May (Day) 16th. (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Black.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1869 June 18th ~~1869~~

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eliza Friend

14. MOTHER'S MAIDEN NAME: Reggie Jane Phillips

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic heart disease with — 6 days

DUE TO Myocardial insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Nephritis Chronic — 1 year

DUE TO

(c) Cerebral Arteriosclerosis — 1 year.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 19 54, to 5/16, 19 54, that I last saw the deceased alive on 5/16, 19 54, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank E. Mason M.D. 18 W. Dover St. Easton Md.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial 5/18/54 Redlands Easton Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

5/17/54 H. L. Nevett James & Dashiell Easton, Md.

VS. A15

RECEIVED
MAY 25 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04908

4938

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro
[redacted] ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charlotte (Middle) (Last) Eaton

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Dom

8. DATE OF BIRTH: Nov. 4, 1910

9. AGE last birthday: 43 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR [redacted]RY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben Maddy

14. MOTHER'S MAIDEN NAME: Bazilie Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Record - Easton Md.

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 3 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Malignant nephrosclerosis — C.1

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1954, to May 17, 1954, that I last saw the deceased alive on May 17, 1954, and that death occurred at 9:05 pm, from the causes and on the date stated above.

SIGNATURE Thomas Lee (Degree or title) Physician M.D. ADDRESS Easton Maryland DATE SIGNED May 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-19-54 | NAME OF CEMETERY OR CREMATORY Brookville Fla. | LOCATION (City, town, or county) Brookville Fla. (State)

DATE REC'D BY LOCAL REGISTRAR 5/18/54 | REGISTRAR'S SIGNATURE M. H. Reeves

24. FUNERAL DIRECTOR James B. Blackwell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05891

4939 CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 4½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Plum St.

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Edwards (Last)

4. DATE OF DEATH: (Month) 5 (Day) 31 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 9, 1887

9. AGE Last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adolph Brown

14. MOTHER'S MAIDEN NAME: Louise Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Dorothy Kirby - Easton, Md. (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Peritonitis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cirrhosis of Liver

(c) Hypertrophic Arthritis

Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24-, 1954, to 5-31-, 1954, that I last saw the deceased alive on 5-31-, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE Ronald H. Bartley (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 5-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 2 1954 NAME OF CEMETERY OR CREMATORY Meth. Church Cemetery LOCATION (City, town, or county) (State) Bowlds Island, Md.

DATE REC'D BY LOCAL REGISTRAR 6/1/54 REGISTRAR'S SIGNATURE M. H. Nevett

24. FUNERAL DIRECTOR W. Frampton Goodwin ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04909

4952

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY TALBOT Co. EASTON MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place) 50 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: 6 77
STATE NEW YORK COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) gardens, N.Y.
141-12-183-ST. Springfield V.

3. NAME OF DECEASED: (Type or Print) (First) GUIDO (Middle) (Last) GARGANI

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH: DEC. 11-1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Foundry Operator
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): ROME ITALY
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MR EUGENE GARGANI
14. MOTHER'S MAIDEN NAME: Marie (maiden name unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr Arthur Gargani (son) Federalsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 42.1
(a) Cardiac failure — Interval Between Onset And Death 3 hrs.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary thrombosis 3 hrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis (history of)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 May, 1954, to 19 May, 1954, that I last saw the deceased alive on 19 May, 1954, and that death occurred at 5:55 AM, from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 19 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/22/54
NAME OF CEMETERY OR CREMATORY St. John's
LOCATION (City, town, or county) Middle Village (State) N.Y.
DATE REC'D BY LOCAL REGISTRAR 5/20/54
REGISTRAR'S SIGNATURE N.H. Newell
24. FUNERAL DIRECTOR J. J. Trumpton Sen. Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1954
BUREAU V. S.

04910

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4953

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

**1. PLACE OF DEATH:**
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE MD COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ST. MICHAELS
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) JESSE (Middle) L. (Last) GREEN

**4. DATE OF DEATH:** (Month) MAY (Day) 2 (Year) 1954

**5. SEX:** MALE

**6. COLOR OR RACE:** COLORED

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** MARRIED

**8. DATE OF BIRTH:** MAY 5. 1895

**9. AGE last birthday:** 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): LABORER

**10b. KIND OF BUSINESS OR INDUSTRY:** SEAFOOD

**11. BIRTHPLACE** (State or foreign country): BELLEVUE MD

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** LEWIS GREEN

**14. MOTHER'S MAIDEN NAME:** ANNIE BAILEY

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W. 1

**16. SOCIAL SECURITY No.:** 217-03-7738

**17. INFORMANT & ADDRESS:** LILLIAN J. GREEN, ST. MICHAELS, MD

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) General Arteriosclerosis | 2 years |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1954, to 5/2, 1954, that I last saw the deceased alive on 5/2, 1954, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 5/3/54
Frank E Mason M.D. 18 W DOUGLAS St Easton Md.

**23. BURIAL, CREMATION REMOVAL (Specify):** BURIAL

DATE THEREOF MAY 5 1954

NAME OF CEMETERY OR CREMATORY RICHARDS MEMORIAL PARK

LOCATION (City, town, or county) (State) EASTON MARYLAND

DATE REC'D BY LOCAL REG. May 4, 1954

REGISTRAR'S SIGNATURE Mrs Robt. R. Seth

**24. FUNERAL DIRECTOR** S. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 6 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04911

4954 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton (rural)
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) S. (Last) Hedderick

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Oct. 2, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Karl Schmidt
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mr. Karl Hedderick Balto, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4 0.1 (a) Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease
DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 23, 1954, to May 1, 1954, that I last saw the deceased alive on Apr. 30, 1954, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE Charles H. Freesfer (Degree or title) MD ADDRESS Greenbrook Md DATE SIGNED May 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF May 4, 1954
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
LOCATION (City, town, or county) (State) Baltimore City, Maryland.

DATE REC'D BY LOCAL REGISTRAR 5/2/54
REGISTRAR'S SIGNATURE N. A. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10
BUREAU V. S.

4955

04912

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

**1. PLACE OF DEATH:**
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN OUTSIDE EASTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cannery

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE N.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN LITTLE WASHINGTON
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) ADDIE (Middle) (Last) JOHNSON

**4. DATE OF DEATH** (Month) 5 (Day) 9 (Year) 19 54

**5. SEX:** Female

**6. COLOR OR RACE:** Colored

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** widow

**8. DATE OF BIRTH:** 1909

**9. AGE last birthday:** 44 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): tom.skinner

**10b. KIND OF BUSINESS OR INDUSTRY:** caming

**11. BIRTHPLACE** (State or foreign country): N.C.

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** ?

**14. MOTHER'S MAIDEN NAME:** ?

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** 417-34-0425

**17. INFORMANT & ADDRESS:** Willie Green, c/o H&J, Easton RD, Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** (INTERVAL BETWEEN ONSET AND DEATH)

199.9
Immediate cause (a) Metastatic cancer-primary site undetermined
DUE TO
Antecedent cause(s) diagnosed by chest x-ray 4-15-54
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.**

**19a. DATE OF OPERATION:** **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis Whatty M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 5-10-54

**23. BURIAL, CREMATION, REMOVAL (Specify):** removal | DATE THEREOF 5-9-54 | NAME OF CEMETERY OR CREMATORY Anatomy Board | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 5/9/54 | REGISTRAR'S SIGNATURE N. H. Reese | **24. FUNERAL DIRECTOR** J. Norman Marshall | ADDRESS St. Michaels, Md

RECEIVED
MAY 13 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04913

4940 **CERTIFICATE OF DEATH** Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Easton #1 LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Tilghman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Ellis (Middle) O (Last) Jones
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Nov 21, 1897
9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman & carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Brazille C. Jones
14. MOTHER'S MAIDEN NAME: Laura B Sherwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: wife - Mrs Lelia Jones same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of stomach — Interval Between Onset And Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 19 54, to 5/23, 19 54, that I last saw the deceased alive on 5/23, 19 54, and that death occurred at 7:20 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. H. Emmert M.D. Easton Memorial Hosp 27 May 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Buried DATE THEREOF 5/26/54 NAME OF CEMETERY OR CREMATORY Tilghman LOCATION (City, town, or county) Tilghman (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/24/54 REGISTRAR'S SIGNATURE N. H. Norris M. FUNERAL DIRECTOR Norman V. Marshall ADDRESS St. Michaels Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04914

4941

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 4D
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton X
STREET ADDRESS (If rural give location) R#4

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) (Last) Lomax

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1954

5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb 20-1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Rose
14. MOTHER'S MAIDEN NAME: Mary Timms

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: James Lomax (Guest) Easton Md R#D #4

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 171X (a) Malnutrition & Dehydration — Interval Between Onset And Death: 4 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) carcinomatosis - generalized — ?

DUE TO (c) metastatic adenocarcinoma cervix — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-20, 1954 to 5-22, 1954, that I last saw the deceased alive on 5-22, 1954, and that death occurred at 4.55 PM, from the causes and on the date stated above.

SIGNATURE Wayne Reeves (Degree or title) MD ADDRESS St Michaels Md DATE SIGNED 5-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/27/54
NAME OF CEMETERY OR CREMATORY Richards
LOCATION (City, town, or county) (State) Easton Md
DATE REC'D BY LOCAL REGISTRAR 5/24/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR James B. Dodwell ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 05898

4942

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 9 days - 16 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Lyons

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 3, 1880.
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Charles Sheridan
14. MOTHER'S MAIDEN NAME: Anne Streets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Thomas Lyons (husband) Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction due
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis
DUE TO
(c)

Interval Between Onset And Death: 9 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: D
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20-, 1954, to 5-29-, 1954, that I last saw the deceased alive on 5-29-, 1954, and that death occurred at 5:40pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Donald H. Bartley M.D. ADDRESS Easton, Md. DATE SIGNED 5-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/1/54
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5/30/54
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Mooney
ADDRESS Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04915

4956

# CERTIFICATE OF DEATH

Reg. Dist. No. 291

**1. PLACE OF DEATH:**

COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels

LENGTH OF STAY (in this place) 3 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS East Chestnut Street

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Penna. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia, Pa.

STREET ADDRESS (If rural, give location) 1[illegible] E. Susquehanna Ave.

**3. NAME OF DECEASED:** (Type or Print) (First) RUTH (Middle) I. (Last) ORTH

**4. DATE OF DEATH:** (Month) May (Day) 9 (Year) 1954

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widow

**8. DATE OF BIRTH:** July 2, 1898

**9. AGE last birthday:** 55 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Philadelphia, Pa.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** George S. Swope

**14. MOTHER'S MAIDEN NAME:** Mary E. Morley

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) None (If Yes, give war or dates of service) None

**16. SOCIAL SECURITY NO.:** 186-18-1112

**17. INFORMANT & ADDRESS:** Mrs. Virginia Stacey-St. Michaels, Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 170X

Immediate cause (a) Malnutrition + Dehydration — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

DUE TO

Antecedent cause(s) (b) Intestinal obstruction — 2 mos

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) carcinomatosis - liver, intestines — ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. adenocarcinoma left breast — 4 yrs

**19a. DATE OF OPERATION:** —

**19b. MAJOR FINDINGS OF OPERATION:** —

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3-25, 1954, to 5-9, 1954, that I last saw the deceased alive on 5-9, 1954, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 5-10-54

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF May 12, 1954

NAME OF CEMETERY OR CREMATORY East Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REG. May 10, 1954

REGISTRAR'S SIGNATURE Mrs Robt R. Seth

**24. FUNERAL DIRECTOR** S. Hamilton Harrison, ADDRESS St Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MAY 11 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4957

# CERTIFICATE OF DEATH

04916

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY TALBOT. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) QUEEN ANNE - RURAL. | LENGTH OF STAY (in this place) 3yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE MD. COUNTY TALBOT

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON - RURAL

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) DAVID (Middle) (Last) PYPER

**4. DATE OF DEATH:** (Month) MAY (Day) 17 (Year) 19 54

**5. SEX:** MALE

**6. COLOR OR RACE:** WHITE

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWER

**8. DATE OF BIRTH:** JAN. 1, 1868

**9. AGE last birthday:** 86 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): RETIRED FARMER

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): SCOTLAND.

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** ROBERT PYPER

**14. MOTHER'S MAIDEN NAME:** Unknown.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) NO.

**16. SOCIAL SECURITY No.:** None.

**17. INFORMANT & ADDRESS:** Mrs. Mildred Wrighton Oxford, Md.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

0028

**Immediate cause** (a) Miliary pulmonary tuberculosis

**Antecedent causes (s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT (Specify) / SUICIDE / HOMICIDE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19..., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Louis Mott (Degree or title) MD ADDRESS Easton Md DATE SIGNED 5-13-54

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial | DATE THEREOF 5-14-54 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) EASTON, TALBOT (State) MD

DATE REC'D BY LOCAL REGISTRAR 5/13/54 | REGISTRAR'S SIGNATURE M. H. Meredith

**24. FUNERAL DIRECTOR** Maurice J. Newnam & Son ADDRESS Easton, Md.

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04917

4943

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

**1. PLACE OF DEATH:**

COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4 | LENGTH OF STAY (in this place) 30 mos

HOSPITAL OR INSTITUTION ~~OR STREET ADDRESS~~ Memorial

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4

STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Baby (Middle) Girl (Last) Rasin

**4. DATE OF DEATH:** (Month) 5 (Day) 23 (Year) 1954

**5. SEX:** F

**6. COLOR OR RACE:** Col.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify):

**8. DATE OF BIRTH:** 5-23-54

**9. AGE last birthday:** - yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. 30

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Memorial Hosp Easton Md

**12. CITIZEN OF WHAT COUNTRY?** U S A

**13. FATHER'S NAME:** Alphonso J. Rasin

**14. MOTHER'S MAIDEN NAME:** Lillian Lucinda Snarton

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Hospital records.

**18. MEDICAL CERTIFICATION**

**1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

Immediate cause (a) Premature birth (5 months) — Interval Between Onset And Death: 1 hour.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1954, to 5/23, 1954, that I last saw the deceased alive on 5/23, 1954, and that death occurred at 6:15 pm, from the causes and on the date stated above.

SIGNATURE Frank E Mason (Degree or title) MD. ADDRESS 18 W Dover St Easton DATE SIGNED Md

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial | DATE THEREOF 5/28/54 | NAME OF CEMETERY OR CREMATORY Richards | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/24/54 | REGISTRAR'S SIGNATURE N. H. Merrill | 24. FUNERAL DIRECTOR James B Doshell | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 7 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04918

4944 CERTIFICATE OF DEATH Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4th
LENGTH OF STAY (in this place) 16 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 4th
STREET ADDRESS (If rural give location) August Street

3. NAME OF DECEASED: (Type or Print) (First) LORETTA (Middle) (Last) SAULSBURY
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 6, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H. W.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Truitt
14. MOTHER'S MAIDEN NAME: Jenny Townsend
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs Mattie Saulsbury (Friend)

18. MEDICAL CERTIFICATION Same.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause 443X (a) Left Hemiplegia — Interval Between Onset And Death: Week
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) H C V D, — yrs
DUE TO
(c) Debility — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1948, to May 15, 1954, that I last saw the deceased alive on 5-14-54, 19..., and that death occurred at 3 50 am, from the causes and on the date stated above.
SIGNATURE Chas Buell (Degree or title) Surg ADDRESS Easton Md DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/18/54 NAME OF CEMETERY OR CREMATORY Harmony Hill LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/16/54 REGISTRAR'S SIGNATURE M. H. Norris
24. FUNERAL DIRECTOR ADDRESS Easton

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04919

4945 CERTIFICATE OF DEATH Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot, Mem. Hosp. Easton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4/5
LENGTH OF STAY (in this place) 1 hr 20 mn
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newcomb, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Baby Girl (Middle) (Last) Schmidt
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 19 54
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 19, 1954
9. AGE last birthday: Newborn yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 1 Min. 20
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Dr. E.C.H. Schmidt
14. MOTHER'S MAIDEN NAME: Dorothy McGuigan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Dr. E C H Schmidt Newcomb Md Box 13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Congenital Atelectasis | 1½ hrs |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Prematurity (1# 13oz) DUE TO | 1½ hrs |
| | (c) DUE TO | |

762.5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19 ,19 54 to 5-19 , 19 54 that I last saw the deceased alive on 5-19 , 19 54 , and that death occurred at 4:50 A.M. ; from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John E Baylette MD 214 Dover St Easton Md. 5/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23 May 1954 NAME OF CEMETERY OR CREMATORY Hospital LOCATION (City, town or county) Easton (State) Md.
DATE REC'D BY LOCAL REGISTRAR 5/19/54 REGISTRAR'S SIGNATURE M.H. Norris
24. FUNERAL DIRECTOR C.C.H. Schmidt ADDRESS Newcomb Md.

VS. A15

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RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04920

4946

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Md. Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton R.D.
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Raymond (Middle) (Last) Teet

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married.

8. DATE OF BIRTH: Mar 31, 1895

9. AGE last birthday: 59 65 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Steve Teet

14. MOTHER'S MAIDEN NAME: Georgiana Dempsey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unk

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Ella Bruce (sister) Ridgely Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.)

Immediate cause (a) arteriosclerotic Heart Disease — Interval Between Onset And Death 1 yr (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7 ....., 1954, to 5/8 ....., 1954, that I last saw the deceased alive on 5/8 ....., 1954, and that death occurred at 9 10/ am ....., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm Cof M.D. Easton Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/12/54
NAME OF CEMETERY OR CREMATORY Chapel
LOCATION (City, town, or county) (State) Chapel Md
DATE REC'D BY LOCAL REGISTRAR 5/9/54
REGISTRAR'S SIGNATURE M.A. Meeres
24. FUNERAL DIRECTOR James P. Bendrell
ADDRESS Easton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 28 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04921

4947

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Memorial Hospital
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md
LENGTH OF STAY (in this place) 3 hrs. 22 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester, Maryland
STREET ADDRESS (If rural give location) 17 X

3. NAME OF DECEASED: (Type or Print) (First) Kirby (Middle) Thompson (Last)

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 12, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Oyster Inspector
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chester Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas L. Thompson
14. MOTHER'S MAIDEN NAME: Mary Ann Baxter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Daisy Thompson, Chester, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1954, to 5/5, 1954, that I last saw the deceased alive on 5/5, 1954, and that death occurred at 10:12 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lucien Hanson M.D. ADDRESS Easton Maryland DATE SIGNED 20 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5-8-54 NAME OF CEMETERY OR CREMATORY Stevensville LOCATION (City, town, or county) Stevensville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 5/6/54 REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05912

4948

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

**1. PLACE OF DEATH:**
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Easton 40 | LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Memorial

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE ~~Maryland~~ Delaware — COUNTY Sussex
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seaford, Delaware
STREET ADDRESS (If rural give location) R.D. #1

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) Lull

**4. DATE OF DEATH:** (Month) 5 (Day) 29 (Year) 1954

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**

**8. DATE OF BIRTH:** 5-22-54

**9. AGE last birthday:** yrs. 7 | IF UNDER 1 YEAR: Months | Days 7 | IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY:** —

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Mr. Ralph Lull

**14. MOTHER'S MAIDEN NAME:** Betty Anne Dudley

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Mr. Ralph Lull - Seaford, Del R.D. #1

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

**Immediate cause** (a) Malignancy of cecum

~~DUE TO~~

**Antecedent causes (s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anemia Syphilis

~~DUE TO~~

(c) Pyelonephritis

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** —

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☒ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 5/22, 19 54, to 5/29, 19 54, that I last saw the deceased alive on 5/29, 19 54, and that death occurred at 10:40 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Easton Memorial Hosp. 2 June 54

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**DATE THEREOF** 5/30/54

**NAME OF CEMETERY OR CREMATORY** Seaford

**LOCATION** (City, town, or county) Seaford

(State) Del

**DATE REC'D BY LOCAL REGISTRAR** 5/29/54

**REGISTRAR'S SIGNATURE** M.D. Neeres

**24. FUNERAL DIRECTOR** J. Lawrence Williamson

**ADDRESS** Federalsburg, Md.

2054202396

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04922

4949

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40; LENGTH OF STAY (in this place) 18 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Dover St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton 40; STREET ADDRESS (If rural give location) W. Dover St.

3. NAME OF DECEASED: (First) Adolphua (Middle) James (Last) Tull

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Sept. 5, 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic for

10B. KIND OF BUSINESS OR INDUSTRY: Mid City Garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Tull

14. MOTHER'S MAIDEN NAME: Nancy Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Florence Tull - Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma Lung Left — INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1954, to May 16, 1954 that I last saw the deceased alive on 5-15, 1954, and that death occurred at 3:30 A. M, from the causes and on the date stated above.

SIGNATURE Chas. F. Bozell M. D. ADDRESS Easton Md DATE SIGNED 5-16-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial DATE THEREOF May 18, 1954 NAME OF CEMETERY OR CREMATORY Cokesbury Cemetery LOCATION (City, town, or county) (State) Federalsbury. caroline Md.

DATE REC'D BY LOCAL REGISTRAR 5/17/54 REGISTRAR'S SIGNATURE N. A. Neese

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04923

4950

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton 40
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston 05X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Turner

4. DATE OF DEATH: (Month) 5 (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Feb. 10 1869
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Cohey
14. MOTHER'S MAIDEN NAME: Sarah Higmett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ronald B Turner - son - Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset And Death |
|---|---|---|---|
| 420.1 Immediate cause | (a) | Cardiac failure | 6 days |
| Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) | Myocardial infarction due to | 6 days |
| | DUE TO (c) | arteriosclerotic coronary thrombosis | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 May, 1954, to 27 May, 1954, that I last saw the deceased alive on 27 May, 1954, and that death occurred at 7:02 pm, from the causes and on the date stated above.
SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 27 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/30/54
NAME OF CEMETERY OR CREMATORY Friendship
LOCATION (City, town, or county) Friendship (State) Md
DATE REC'D BY LOCAL REGISTRAR 5/28/54
REGISTRAR'S SIGNATURE N. H. Merrick
24. FUNERAL DIRECTOR N. M. Tholick ADDRESS Preston

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S.